



UTAH DIVISION OF AIR QUALITY  
150 N 1950 W  
P.O. Box 144820  
Salt Lake City, UT 84114-4820

Postmark Date: \_\_\_\_\_  
initials: \_\_\_\_\_  
Fee Received: \_\_\_\_\_  
Check Number: \_\_\_\_\_

### 10 WORKING-DAY ASBESTOS NOTIFICATION

Please complete fully!!

(original notification only)

#### 1.a Type of Operation

#### 1.b Fee

\$

[ ] Renovation [ ] Demolition [ ] Intentional Burning  
(all asbestos must be removed)

See Reverse

#### 2 Facility Name

Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_  
Part of Facility Involved, (e.g., floor #, room #, area etc.) \_\_\_\_\_  
Age of Facility \_\_\_\_\_ Size \_\_\_\_\_ # of Floors \_\_\_\_\_  
Present Use \_\_\_\_\_ Prior Use \_\_\_\_\_

#### 3 Facility Owner/Operator Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

#### 4 Asbestos Contractor Name

ID Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

#### 5 Demolition Contractor Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone number \_\_\_\_\_

#### 6 Dates of Asbestos Removal

Prep Date \_\_\_\_\_ Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Working Days and Hours S M T W H F S from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
Scheduled Dates of Demolition \_\_\_\_\_ Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_

#### 7 Asbestos Containing Material (ACM) to be removed, list amounts and units of measure

ceiling spray	_____	floor tile/mastic	_____
sheet vinyl	_____	transite	_____
pipe insulation	_____	other	_____
tank insulation	_____	other	_____
Total Surfacing (sq. ft.)	_____	Total Pipe Covering (linear ft.)	_____

(turn over and fill out reverse side)

#### 8 I certify that the all the information in this notification is true and correct.

Signature of Owner/Operator \_\_\_\_\_ Date: \_\_\_\_\_  
Print name and title of Owner/Operator \_\_\_\_\_

#### OFFICIAL USE ONLY!

Date Accepted	_____	Date Rejected	_____
Reviewers Initials	_____	ACTS #:	_____
Rejection Comments:	_____ _____		

9 Asbestos Inspection Information

Name of Utah Certified Inspector \_\_\_\_\_ ID Number \_\_\_\_\_

Name of Utah Certified Asbestos Company \_\_\_\_\_ ID Number \_\_\_\_\_

Analytical Method used for asbestos analysis \_\_\_\_\_

Date of Inspection \_\_\_\_\_

Is friable asbestos present? \_\_\_\_\_ Was it sampled or assumed? \_\_\_\_\_

Is non-friable asbestos present? \_\_\_\_\_ Was it sampled or assumed? \_\_\_\_\_

10 ACM to be left in the facility during demolition, list amounts and units of measure.

Roofing \_\_\_\_\_ Other \_\_\_\_\_

Flooring \_\_\_\_\_ Other \_\_\_\_\_

11 Person Trained in the Provisions of the NESHAP who will supervise asbestos project

Name \_\_\_\_\_ State Certification Number \_\_\_\_\_

12 Describe the scope of the project (e.g.. boiler replacement, seismic upgrade etc. )

\_\_\_\_\_

13 Describe the engineering controls or rule options to be used to control asbestos.

\_\_\_\_\_

14 Waste Transporter I

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone number \_\_\_\_\_

15 Waste transporter II

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone number \_\_\_\_\_

16 Waste Disposal Site

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone number \_\_\_\_\_

17 Individual receiving signed waste shipment record.

Phone number \_\_\_\_\_

18 Description of procedures to be followed in the event that unexpected RACM is found or generated during the project.

Attach additional pages as necessary to complete this form. Incomplete notifications may not be accepted.

Fee Calculation				
<input type="checkbox"/>	<b>Asbestos Abatement</b>		Abatement Unit Fee Total Feet	Abatement Unit Fee Total Feet
	Type of Structure	Base Fee	under 10,000(sq.ft plus lin. ft.)	over 10,000(sq.ft plus lin. ft.)
<input type="checkbox"/>	Owner Occupied Res.	\$40.00	+ X \$5.00 per 100 ft	+ X \$2.00 per 100 ft
<input type="checkbox"/>	Other Structure	\$140.00	+ X \$5.00 per 100 ft	+ X \$2.00 per 100 ft
<input type="checkbox"/>	<b>Demolition</b>			
		Base Fee	Floor space above 5000 sq. ft.	
		\$50.00	+ X \$25.00 per 5,000 sq. ft.	
				<b>Total Fee \$</b>

Submit Notifications to  
Utah Division of Air Quality  
150 N 1950 W  
P.O. Box 144820  
Salt Lake City, UT 84114-4820

A fee calculator is available at  
[www.deq.utah.gov/eqair/haps/asbestos/](http://www.deq.utah.gov/eqair/haps/asbestos/)  
Fees calculations will be verified by DAQ  
Phone (801) 536-4000